

**STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS
ALTERNATE BENEFIT PROGRAM
CARRIER ELECTION AND ALLOCATION**

Name: _____
LAST
FIRST
MI

Social Security Number: _____ ABP Number: _____
IF ASSIGNED

Address: _____
STREET

CITY
STATE
ZIP CODE

Daytime Telephone Number: (____) _____

AUTHORIZED INVESTMENT CARRIERS

If you are in a delayed vesting status, select **one** investment carrier. If you are vested, select any number of investment carriers and allocate the percentage of your contributions to each one, totaling 100%. Percentages must be whole numbers. **You must establish a valid account directly with the carrier(s) you select.**

Check One: ☐ Initial Election ☐ Subsequent Election

_____	AIG VALIC	_____ %
_____	AXA Financial (Equitable)	_____ %
_____	The Hartford	_____ %
_____	ING Life Insurance and Annuity Company	_____ %
_____	Met Life (formerly Travelers/CitiStreet)	_____ %
_____	TIAA-CREF	_____ %
		100%

I elect to allocate my total employee and employer tax sheltered contributions as indicated above. This allocation becomes effective within 30 days of receipt of a properly completed form. I have read and understand the information on the back of this application about my ABP membership.

Employee Signature _____ Date _____

Certifying Officer Signature _____ Date _____

Certifying Officer's Phone # (____) _____

ALTERNATE BENEFIT PROGRAM

INFORMATION FOR NEW APPLICANTS

A Carrier Election and Allocation Form must be completed to identify the investment carrier(s) with which you want your contributions invested.

- **If you are eligible for immediate vesting**, the employer contributions become your property immediately upon investment in your account. **You may elect any number of investment carriers and designate the percentage (in whole numbers) of the total contributions they each should receive.**
- **If you are not eligible for immediate vesting**, the employer contributions do not become your property until the beginning of the 13th month of your employment. **You may elect only one investment carrier.**

If you do not file a Carrier Election and Allocation Form, the ABP Administrator will enroll you with the investment carrier selected as the default carrier for the current plan.

You must file an application directly with the investment carrier(s) you have elected or with the default investment carrier if you fail to complete this form. If you fail to do so, you may lose possible revenue from your contributions. Additionally, the carrier(s) you elected will return your contributions to your employer and the ABP administrator will enroll you with the default investment carrier.

INFORMATION FOR VESTED ABP MEMBERS

ABP members may change their investment carrier election and/or allocation once each quarter of the calendar year.